

**NEW JERSEY DEPARTMENT OF PERSONNEL  
OFFICE OF INTERGOVERNMENTAL SERVICES  
APPOINTING AUTHORITY POSITION VACANCY REQUEST**

**REQUEST TYPE:**

- ☐ POST TO ITP WEB SITE  
☐ FILE WITH TRANSFER

**JURISDICTION:**

**JURISDICTION CODE:**

**CONTACT PERSON:**

**ADDRESS:**

**TELEPHONE:** (      )

**FAX:** (      )

**TITLE OF POSITION/VACANCY:**

**SALARY:** \$

**DATE TO FILL POSITION(S)**

**OPEN TO RESIDENTS OF:**

MUNICIPALITY

COUNTY

STATE

(Minimum Posting of 30 days / Maximum Posting 90 days)

**POSITION SCHEDULE:**

**NUMBER OF  
VACANCIES:**

**RESIDENCE ORDINANCE  
CHANGE:**

FULL-TIME

PART-TIME: HOURS PER WEEK

YES

NO

**POSITION LOCATION** (DEPARTMENT / AGENCY):

**TITLE / JOB SPECIFICATION #:**  
(SPECIFY UNCLASSIFIED IF APPLICABLE)

**ENTER REQUIRED LICENSE(S) / CERTIFICATIONS:**

**GENERAL DESCRIPTION / POSITION REQUIREMENTS:**

Please provide skill set(s) – Must be within job specification for title. (use additional pages if needed)

**EDUCATION / EXPERIENCE:**

**FILING INSTRUCTIONS:**

(POSITION/POSTING # AND/OR COVER LETTER REQUIREMENTS)

**ALTERNATE FILING INSTRUCTIONS:**

(INCLUDE ELECTRONIC FILING AND FAXING OPTIONS)

**SEND RESUMES TO:**

Same As Above

**Name/Title/Department:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Telephone Contact #:** \_\_\_\_\_

**SIGNATURE OF APPOINTING AUTHORITY** \_\_\_\_\_

**TITLE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PLEASE NOTE THAT A FOLLOW-UP CALL WILL BE GENERATED ONCE WEB POSTING HAS EXPIRED!**

**MAIL: INTERGOVERNMENTAL TRANSFER PROGRAM  
P.O. BOX 309, TRENTON, NEW JERSEY 08625**

**FAX: 609-984-1823  
TELEPHONE: 609-984-1066**

**DEPARTMENT OF PERSONNEL USE ONLY**

**SIGNATURE:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_